AAPD Resident’s Corner

Social Media and Resident Education

On a busy morning in clinic last spring, I met a particularly tiny 15-month-old girl and her father for her new patient exam. After we discussed her extensive medical history, her father reported his chief complaint: “she only has one front tooth.” When I presented the case to my attending, I suggested a diagnosis of solitary median maxillary central incisor syndrome (SMMCI). After reviewing the literature, I began digging further into her medical history. I found that previous genetic testing was positive for a mutation in chromosome 7q36, consistent with SMMCI.1 Though she had been evaluated by many specialists, she had not yet been diagnosed with SMMCI. It was a pivotal moment for me. After years of education and study of a specialty often viewed as limited to the trivial plight of carious baby teeth, I felt a strong sense of my role as a pediatric healthcare provider.

I owe this experience to the community of pediatric dentists who collaborate online via social media each day. Just a few months earlier, while scrolling through a wall of cases, conundrums, and advice, I came across an interesting panoramic and a thread about SMMCI. We had not yet covered SMMCI in residency, and I found the syndrome intriguing. If I had not seen that post on SMMCI, my first thought during the patient’s exam would likely have been fusion of the maxillary anteriors. Not only would the presentation to my attending have been somewhat more routine, but I may have missed important subtleties during the exam, like the missing maxillary frenum.

Although I would have, no doubt, been introduced to SMMCI by my attending that day, the ability to develop the differential diagnosis myself was a rewarding step on the path from resident to practicing pediatric dentist.

During residency we dedicate ourselves to learning as much as possible so that we can provide the specialty care parents expect and patients deserve. It is a particularly valuable time to have access to a stream of case examples and challenges presented daily through social media and other online resources. This is not only because as residents we enjoy access to medical libraries, journals, and databases, as well as the support and guidance of our expert attendings, but also because we have considerably more time to use the resources at our fingertips. There is so much to learn that it can be overwhelming, but collaborative social media groups offer a novel resource through which we can be exposed to new clinical problems, procedures, and medical conditions.

These groups provide a warm welcome to the specialty and a sense of community that is hard to imagine residents felt in the years prior to social media. What’s more, they provide the opportunity to network with, and refer to, like-minded pediatric dentists all over the country. This sense of comradery strengthens our specialty and improves access to care for our patients, even when they’re away on vacation.

Although having clinical pearls, oral pathology photos, treatment plan discussions and more, at a glance, between patients and between classes, has been an asset thus far in my education, it is, of course, important to be wary of making clinical decisions based solely on advice gleaned from social media groups. As Dr. Vineet Dhar pointed out in his recent article “Social Media and its Implications in Pediatric Dentistry,” relying on social media can result in dentists acting on expert opinion alone when stronger forms of evidence on the topic may exist. Despite our access to a wide community of helpful colleagues, it is critical that we remember that expert opinion is the weakest form of scientific evidence. It can be tempting to crowdsourced the best approach to complex cases, but we must take the time to search the literature and refer to meta-analyses and systematic reviews whenever possible. Therefore, while in residency, it is imperative that we familiarize ourselves with the ADA’s Center for Evidence-Based Dentistry, The Cochrane Database, PubMed, UptoDate, and the AAPD website. By utilizing these resources we can be certain we are providing care based on years of sound scientific investigation.

Nonetheless, when used mindfully, social media groups are a truly wonderful place to learn, share literature, and continue building a community with the mission of using evidence-based dentistry to improve children’s wellbeing.

ABOUT THE AUTHOR

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1Hall, R.K. Solitary median maxillary central incisor (SMMCI) syndrome. Orphanet J Rare Dis. 2006;1:12.